

KEYCARD APPLICATION

CARD ISSUANCE REQUIREMENTS (HSPD-12/FIPS 201): Two (2) identity source documents (at least one document shall be a valid State or Federal Government-issued picture ID) are to be inspected and certified to be current and valid as of the date of application.

Last Name															First Name															MI		
Agency / Division or Company Name																																
Business Address																				Room Number												
City															State			Zip Code														
Business Phone Number					Security justification (why):																											

Check All that Apply:

- ☐ No Access Requested / Use for I.D. Only
- ☐ 24/7 Agency Access Required (Agency Use) ☐ 24/7 Contractor Access Required (GSA Use)

POTTER STEWART COURTHOUSE ACCESS

- ☐ Main/Walnut Street Doors
- ☐ Basement Double Doors
- ☐ Passenger Elevators
- ☐ Freight Elevator in Main Hallway

JOHN WELD PECK FEDERAL BUILDING ACCESS

- ☐ Main Street Doors
- ☐ Southwest 2nd Floor
- ☐ Northwest 2nd Floor
- ☐ Passenger Elevators
- ☐ Freight Elevator

☐ Other Access, Please list (below)

AGENCY:

AGENCY OFFICIAL: I certify that the applicant has initiated, at a minimum, a National Agency Check (NAC) and an FBI fingerprint check and that the applicant's background investigation is favorably adjudicated.

I Authorize this Issue:

AUTHORIZING AGENCY OFFICIAL

DATE

CONTRACTOR:

CONTRACTOR USE ONLY: Access times Monday Through Friday. For after hour and weekend entry see your GSA Representative.

Please mark the appropriate box below:

- ☐ Contractor ☐ Sub-contractor

If you are a sub-contractor please indicate, in the spaces provided below, the name of your company as well as the name of the company with whom you are contracting.

Business Sub-Contractor's Name

Business Contractor's Name

SIGNATURE OF CONTRACTOR MANAGER DATE

General Services Administration:

Approval of Request:

AUTHORIZED GSA OFFICIAL

DATE

ECC Card Number

ADMINISTRATIVE USE ONLY:

DOC Number

Clearance Date

Expiration Date of Card for Contractors

Admin I

A lost or misplaced card shall be immediately reported by telephone to the DHS Federal Protective Service Control Center at (513) 684-6197. Agencies may be held responsible for replacement cost of lost or misplaced cards. Contract payment may be withheld.

KEY CARD ISSUANCE

CARD HOLDER: I certify by this signing that I am in receipt of and accept responsibility for the above requested card key and understand that this card is U.S. Government Property and will be used by authorized card key holder only. I further understand that upon my departure from federal employment in this building or completion of work in this building, I am required to return this card to my employer, who is then required to return to GSA immediately.

SIGNATURE OF CARD HOLDER

DATE